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UTILITY	Atty Doc. No. <u>54394</u>	Total Pages <u>8</u>
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER	
TRANSMITTAL	Bernd BARTENBACH	
	Express Mail Label No. _____	

Application Elements

Address To: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. / X / Fee transmittal Form
(Submit an original, and a duplicate for fee processing)
2./ X /Specification Total Pages / 7 /
(Preferred arrangement set for below)

Descriptive title of the Invention

Cross References to Related Application

Statement Regarding Fed. Sponsored R & D

Reference to Microfiche Appendix

Background of the Invention

Brief Summary of the Invention

Brief Description of the Drawings (if filed)

Detailed Description

Claim(s)

Abstract of the Disclosure

3./ X / Drawing(s)(35 USC 113)(Figs.) Total Sheets / 2 /

desired
4./ X /Oath or Declaration Total Pages/ 3 /

- a / X / Newly executed (original or copy)
b./ /Copy from a prior application (37 CFR 1.63(d)
(For Continuation/Divisional with Box 17 completed)
Note Box 5 below

i./ / DELETION OF INVENTOR(S)

Signed statement attached deleting
inventor(s) named in the prior application
see 37 CFR 1.63(d)(2) and 1.33(b).

5. / / Incorporation by reference (useable if Box 4b is checked)

The entire disclosure of the prior application, from which a
copy of the oath or declaration is supplied under Box 4b
is considered as being part of the disclosure of the accompanying
application and is hereby incorporated by reference therein.

17. If a Continuing Application, check appropriate box and supply the requisite information:

/ /Continuation / /Divisional / / Continuation-in part (CIP) of prior application No. _____

CORRESPONDENCE ADDRESS

/ / Customer Number or Bar code Label or / / Correspondence address below
Insert Customer No. or Attach bar code label here

Name: Herbert B. Keil
KEIL & WEINKAUF

Address: 1350 Connecticut Ave., N.W.
City Washington State: D.C. Zip Code 20036
Country USA Telephone: (202)659-0100 Fax: (202)659-0105

22857 U.S.P.T.O.
10/8006289



032304

The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LARGE ENTITY	BASIC FEE
				\$385./\$770.

Basic Fee..... \$ 770.

Total Claims: 7 -20 = _____ x \$09./\$18. = _____

Indep. Claims: 1 -3 = _____ x \$43./\$86. = _____

[] Multiple Dependent Claim(s) presented:\$145./290 = _____

[x] A check is enclosed for the filing fee. \$.

*If the difference is less than zero, enter "0".

[X] A check for \$810. for the filing fee and recordation fee.

[X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,
KFIL & WEINKAUF


Jason D. Voight
Reg. No. 42,205

1350 Connecticut Ave., N.W.
Washington, D.C. 20036
(202) 659-0100